Fill in this information to identify your case:	Angeloge	RECEIVED
United States Bankruptcy Court for the:	MAC	AND FILED
District of Nevada		2019 JUL 17 PM 12: 58
Case number (If known):	_ Chapter you are filing under:  □ Chapter 7 □ Chapter 11 □ Chapter 12 ☑ Chapter 13	U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK  Check if this is an amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Your	self	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
ı. Your full name		
Write the name that is o		Naya
government-issued pict identification (for examp your driver's license or	ne <del></del>	First name
passport).	Middle name	Middle name
Bring your picture	Araujo	Reyes
identification to your me with the trustee.	eting Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
. All other names you	Asif	
have used in the last 8 years	t 8 First name	First name
Include your married or	Middle name	Middle name
maiden names.	Sohall	
	Last name	Last name
	Benjamin Asif	
	First name	First name
	Middle name	Middle name
	Araujo-Sohall	
	Last name	Last name
o. Only the last 4 digit	s of xxx - xx - <u>7</u> <u>5</u> <u>8</u> <u>2</u>	xxx - xx - <u>8 1 8 2</u>
your Social Security number or federal	OR	OR
Individual Taxpayer Identification numb (ITIN)	•	9 xx - xx

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Debtor 1	Benjamin	Araujo			Case number (if known)			
	First Name Middle Na	ime Last Name						
		About Debtor 1:			About Debtor 2 (S	Spouse Only in	ı a Joint	Case):
and Ide	y business names d Employer ntification Numbers N) you have used in	☑ I have not used any bus	iness names o	r EINs.	☑ I have not used	វ any business រ	names or	EINs.
	last 8 years	Business name			Business name			
	lude trade names and							
aoii	ng business as names	Business name			Business name			
		<u></u>			EIN			
		EIN			EIN			
5. <b>W</b> h	nere you live				If Debtor 2 lives a	ıt a different ac	ddress:	
		2757 Langfallow St	raat		3757 Long	fellow Street	t	
		3757 Longfellow St Number Street	ieel		Number Street			
		Las Vegas	NV	89115	Las Vegas		NV	89115
		City	State	ZIP Code	City		State	ZIP Code
		Clark			Clark			
		County			County			
		If your mailing address is above, fill it in here. Note any notices to you at this m	that the court v	vill send	If Debtor 2's mail yours, fill it in he any notices to this	re. Note that the	e court w	t from ill send
		8212 Regency	Street		421 Sonora	PΙ		
		Number Street			Number Street			
		P.O. Box			P.O. Box			
		La Palma	CA	90623	La Habra		CA	90631 ZIP Code
		City	State	ZIP Code	City		State	ZIP Code
6. Wh	ny you are choosing	Check one:			Check one:			
this district to file for bankruptcy		Over the last 180 days I have lived in this distri other district.	before filing this ct longer than i	s petition, in any	Over the last 1 l have lived in other district.	80 days before this district long	filing this jer than ir	petition, any
		☐ I have another reason. (See 28 U.S.C. § 1408.			I have another (See 28 U.S.C		n.	
		W-100 (100 (100 (100 (100 (100 (100 (100			- Control of Additional Control			

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Del	ptor 1 <u>Benjamin</u>	<u> Araı</u>	IIO Last Name			Case number (if kno	own)
	First Name Middle Nam	e	Last Name				
Pa	art 2: Tell the Court Abou	t Your B	ankrup	tcy Case	edicarbitatio		
7.	The chapter of the Bankruptcy Code you			a brief description of each, see A orm 2010)). Also, go to the top c			U.S.C. § 342(b) for Individuals Filing e appropriate box.
	are choosing to file under	☐ Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	ter 12				
		🛭 Char	ter 13				
8.	How you will pay the fee	local your subm with  I nee Appl  I req By la less pay	court for self, you intring you a pre-part to particular that we a just than 15 the fee	or more details about how you may pay with cash, cashier our payment on your behalf, rinted address.  The second of the second o	u m's c you you nay to, '	nay pay. Typically theck, or money for attorney may pur attorney may pur choose this op a request this optiwaive your fee, a at applies to you mis option, you m	order. If your attorney is pay with a credit card or check tion, sign and attach the nts (Official Form 103A).  ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the
•	Have you filed for	<b>□71</b>					
9.	bankruptcy within the	☑ No	District	Wi	nen		Case number
	last 8 years?	<b></b> 1103.	District		1011		Case number
			District	WI	nen	MM / DD / YYYY	Case number
			District	WI	nen		Case number
						MM / DD / YYYY	
10.	. Are any bankruptcy	<b>☑</b> No					
	cases pending or being filed by a spouse who is	Yes.	Debtor				_ Relationship to you
	not filing this case with you, or by a business partner, or by an			W			Case number, if known
	affiliate?		Debtor				Relationship to you
							Case number, if known
						MM / DD / YYYY	
11.	. Do you rent your residence?	☐ No. ☑ Yes.	☑ No	ur landlord obtained an eviction Go to line 12.			? * Against You (Form 101A) and file it as

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Debtor 1	Benjamin First Name Middle Name	Ara	UjO Last Name		Case number (if kr	nown)	
Part 3:	Report About Any B	usinesse	es You Own as a So	le Proprieto	r		
					-256-618-6-6-7-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-		
	ou a sole proprietor y full- or part-time		o to Part 4.				
busir	iess?	Yes. I	Name and location of bu	siness			
busine individ	proprietorship is a ess you operate as an ual, and is not a ate legal entity such as	Ī	Name of business, if any				AND THE PARTY OF T
LLC.	oration, partnership, or have more than one	i	Number Street				<del>1 </del>
sole p	roprietorship, use a						
,	ate sheet and attach it petition.		City		State	ZIP Code	
			Check the appropriate b	ox to describe	your business:		
			Health Care Busines	s (as defined i	n 11 U.S.C. § 101(27A)	))	
			Single Asset Real E	state (as define	ed in 11 U.S.C. § 101(5	1B))	
			Stockbroker (as defi	ned in 11 U.S.	C. § 101(53A))		
			Commodity Broker (	as defined in 1	1 U.S.C. § 101(6))		
			Mone of the above				
Chap Bank are y debto	tou filing under ter 11 of the ruptcy Code and ou a small business or? definition of small	most rec	e filing under Chapter 11 appropriate deadlines. If ent balance sheet, state ese documents do not e	you indicate th ment of operat xist, follow the	at you are a small busir ions, cash-flow stateme	ness debtor, you mus ent, and federal incom	t attach your
busine	ess debtor, see S.C. § 101(51D).		l am filing under Chapte the Bankruptcy Code.	r 11, but I am I	NOT a small business d	lebtor according to the	e definition in
			I am filing under Chapte Bankruptcy Code.	r 11 and I am a	a small business debtor	according to the defi	nition in the
Part 4:	Report if You Own	or Have	Any Hazardous Prop	erty or Any	Property That Need	ds Immediate Att	ention
14. Do ye	ou own or have any	☑ No					
alleg of im ident publi	erty that poses or is ed to pose a threat minent and ifiable hazard to c health or safety? you own any	☐ Yes.	What is the hazard?				
prop	erty that needs ediate attention?		If immediate attention	is needed, why	is it needed?	-1444	
perish that m	rample, do you own able goods, or livestock oust be fed, or a building eeds urgent repairs?						
			Where is the property?	Number	Street		
				***************************************	CANADA CA		
				City		State	ZIP Code

Beni	amin	Araujo	
iret Name	Middle Name	l ast Name	

Case number (if known)
------------------------

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor	1 Benjamin First Name Middle Name	Araujo Last Name	Case number (if known	)		
	THIS CHAINE	<b></b>				
Part	6: Answer These Ques	tions for Reporting Purpos	ses			
	hat kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
yc	ou have?	<ul><li>☐ No. Go to line 16b.</li><li>☑ Yes. Go to line 17.</li></ul>				
		16b. <b>Are your debts prima</b> money for a business or ir	rily business debts? Business debts an nvestment or through the operation of the b	re debts that you incurred to obtain usiness or investment.		
		<ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>				
		16c. State the type of debts yo	u owe that are not consumer debts or busin	ness debts.		
	re you filing under hapter 7?	No. I am not filing under C	Chapter 7. Go to line 18.			
	o you estimate that after ny exempt property is	Yes. I am filing under Chap administrative expens	oter 7. Do you estimate that after any exem les are paid that funds will be available to d	ot property is excluded and istribute to unsecured creditors?		
ex	xcluded and dministrative expenses	☐ No				
are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
	ow many creditors do ou estimate that you	<b>☑</b> 1-49 <b>□</b> 50-99	☐ 1,000-5,000 ☐ 5,001-10,000	25,001-50,000 50,001-100,000		
	we?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000		
	ow much do you	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion		
	stimate your assets to e worth?	<b>✓</b> \$50,001-\$100,000 <b>□</b> \$100,001-\$500,000	☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million	\$10,000,000,001-\$50 billion		
		☐ \$500,001-\$1 million	<b>\$100,000,001-\$500 million</b>	More than \$50 billion		
	ow much do you	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion		
	stimate your liabilities b be?	\$50,001-\$100,000 \$100,001-\$500,000	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion		
viora viigolossia vija		□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion		
Part	7A Sign Below	and the same and t				
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.				
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,1 of title 11, United States Code. I understand the relief available under each chapter, and I choose to procunder Chapter 7.				f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed		
		If no attorney represents me a this document, I have obtained	nd I did not pay or agree to pay someone v d and read the notice required by 11 U.S.C.	vho is not an attorney to help me fill out § 342(b).		
		•	with the chapter of title 11, United States Co			
		I understand making a false st with a bankruptcy case can res 18 U.S.C. 8§ 152, 1341, 1519,	atement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonment, and 3571.	money or property by fraud in connection nt for up to 20 years, or both.		
		Signature of Debtor 1		cya Ryes		
		Executed on 07/16/201	V	on <u>07/16/2019</u>		
		EXECUTED OIL THE TANK	/ VVVV	MM / DD /YYYY		

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Debtor 1	Benjamin	Araujo	Case number (if known)	
	First Name Middle Name	e Last Name		
If you are by an atto	ttorney, if you are ed by one not represented rney, you do not e this page.	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 1 available under each chapter for which the notice required by 11 U.S.C. § 342(b knowledge after an inquiry that the inform	3 of title 11, United States Code, and person is eligible. I also certify the and, in a case in which § 707(b)(4) nation in the schedules filed with the	I have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no
		Signature of Attorney for Debtor	Date	MM / DD /YYYY
		Printed name  Firm name  Number Street		
		City	State	ZIP Code
		Contact phoneBar number	Email address State	

Debtor 1 Benjamin Araujo Case number (if known) Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you aware that filing for bankruptcy is a serious acticonsequences?  No Yes	on with long-term financial and legal
	Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor No Yes	
	Did you pay or agree to pay someone who is not an atto  ✓ No  ✓ Yes. Name of Person  Attach Bankruptcy Petition Preparer's Notice, Dec	
×	By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware t attorney may cause me to lose my rights or property if I	hat filing a bankruptcy case without an
	Signature of Debtor 1  Date 07/17/2019  MM / DD / YYYY	Signature of Debtor 2  Date 07/17/2019  MM / DD / YYYY
	Contact phone (702) 298-2311	Contact phone (702) 298-2311
	Cell phone	Cell phone
	Email address	Email address

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Fill in this i	nformation to ident	ify your case:			
Debtor 1	Benjamin First Name	Araujo Middle Name	Last Name		
Debtor 2 (Spouse, if filing	Naya	Reyes	Last Name		
		ne: District of Nevada			
Case number	(If known)				Check if this is a mended filing
)fficial	Form 106Sเ	ım			
umma	ry of Your	 Assets and Lia	bilities and Certain	Statistical Info	rmation 12/15
_	ummarize Your A	_	nd check the box at the top of this	page.	Your assets
					Value of what you own
	<i>A/B: Property</i> (Officia line 55, Total real est	•			\$600,000.00
1b. Copy	line 62, Total persona	al property, from <i>Schedule</i>	• A/B		\$7,389.00
1c. Copy I	ine 63, Total of all pr	operty on <i>Schedule A/B</i>			\$7,389.00
Part 2: S	ummarize Your L	iabilities			
					Your liabilities Amount you owe
		· · · · · · · · · · · · · · · · · · ·	operty (Official Form 106D) im, at the bottom of the last page of I	Part 1 of <i>Schedule D</i>	\$600,000.00
		Have Unsecured Claims ( Part 1 (priority unsecured	Official Form 106E/F) claims) from line 6e of <i>Schedule E/F</i>	<del>-</del>	\$10,000.00
3b. Copy	the total claims from	Part 2 (nonpriority unsecu	red claims) from line 6j of Schedule	E/F	+ \$0.00
				Your total liabilities	\$610,000.00
Part 3: S	ummarize Your I	ncome and Expenses			
Sahadula	I: Your Income (Offic	rial Form 106I)			4 690 00

4,442.00

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22c of Schedule J .....

5. Schedule J: Your Expenses (Official Form 106J)

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Debte		Araujo	Case number (if known)	
	First Name Middle Name	Last Name		
Par	t 4: Answer These Quest	ions for Administrative and	Statistical Records	
6.	Are you filing for bankruptcy ur	nder Chapters 7, 11, or 13?		
	☑ No. You have nothing to repor ☑ Yes	t on this part of the form. Check th	his box and submit this form to the court with your other schedules.	
7. <b>V</b>	What kind of debt do you have?	1		
(	Your debts are primarily confamily, or household purpose.	n <b>sumer debts.</b> Consumer debts a " 11 U.S.C. § 101(8). Fill out lines	are those "incurred by an individual primarily for a personal, s 8-9g for statistical purposes. 28 U.S.C. § 159.	
l	Your debts are not primarily this form to the court with you	r consumer debts. You have noth r other schedules.	hing to report on this part of the form. Check this box and submit	
8. <b>!</b>	From the Statement of Your Cu Form 122A-1 Line 11; OR, Form	r <b>rent Monthly Income</b> : Copy you 122B Line 11; <b>OR</b> , Form 122C-1 l	ur total current monthly income from Official Line 14. \$ 5,73	32.61
9. (	Copy the following special cate	gories of claims from Part 4, lin	ne 6 of Schedule E/F:	
			Total claim	
	From Part 4 on Schedule E/F,	copy the following:		
,	9a. Domestic support obligations	(Copy line 6a.)	\$	
	9b. Taxes and certain other debts	s you owe the government. (Copy	(line 6b.) \$	
	9c. Claims for death or personal i	injury while you were intoxicated.	(Copy line 6c.) \$	
	9d. Student loans. (Copy line 6f.)		\$0.00	

0.00

0.00

0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

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Fill in this	information to iden	ntify your case and this f	iling:	
		Araujo		
Debtor 1	Benjamin First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if fili	Anaya ing) First Name	Reyes	Last Name	
, ,		the: District of Nevada		
		mar promot of the tall		
Case numb				Check if this is an amended filing
				amended ming
Officia	al Form 106	A/B		
Sch	edule A/I	B: Property	1	12/15
category responsi	where you think it i ble for supplying co ur name and case no	fits best. Be as complet orrect information. If mo umber (if known). Answe	List an asset only once. If an asset fits in more to and accurate as possible. If two married people re space is needed, attach a separate sheet to this er every question.  Land, or Other Real Estate You Own or Hav	e are filing together, both are equally is form. On the top of any additional pages,
			t in any residence, building, land, or similar prope	
	a <b>own or have any le</b> . Go to Part 2.	egal or equitable interes	t in any residence, building, land, or similar prope	Acy.
	s. Where is the prope	erty?		
		•	What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
	4316 Marina Cit		✓ Single-family home  □ Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
1.11	Street address, if availa	ble, or other description	Condominium or cooperative	Current value of the Current value of the
			Manufactured or mobile home	entire property? portion you own?  200.000.00 \$ 300,000.00
		-	Land	\$ <u>200,000.00</u> <u>\$</u> 300,000.00
	Los Angeles	CA 90291	☐ Investment property ☐ Timeshare	Describe the nature of your ownership
	City	State ZIP Code	☐ Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
			Who has an interest in the property? Check one.	fee simple
	Los Angeles		Debtor 1 only	
	County		Debtor 2 only	☐ Check if this is community property
			☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(see instructions)
			Other information you wish to add about this it	em, such as local
			property identification number:	
lf you	own or have more th	an one, list here:	What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Put
		<b>~</b> .	☑ Single-family home	the amount of any secured claims on Schedule D:
1.2.	8212 Regency Street address if avails	St able, or other description	Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
	Officer address, it dvalle	2010, 07 011101 0000117111111	Condominium or cooperative	Current value of the entire property? Current value of the entire property?
			☐ Manufactured or mobile home ☐ Land	\$ 200,000.00 \$
	. 5.	04 00000	☐ Investment property	The state of the s
	La Palma City	CA 90623 State ZIP Code	Timeshare	Describe the nature of your ownership interest (such as fee simple, tenancy by
	Oity	<b>5.0.1</b>	Other	the entireties, or a life estate), if known.
			Who has an interest in the property? Check one.	fee simple
	Orange		☐ Debtor 1 only ☐ Debtor 2 only	
	County		Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Check if this is community property
			☐ At least one of the debtors and another	(see instructions)
			Other information you wish to add about this ite	em, such as local

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Case 19-: Benjamin First Name Middle Nam	Araujo	Doc 1 Entered 07/17/19 13:06:12  Case number (# kn		
1.3.	13312 Limoli Ave Street address, if available, or Hawthorne City	CA 90250 State ZIP Code	What is the property? Check all that apply.  ☑ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other  Who has an interest in the property? Check one.	Do not deduct secured clai the amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 200,000.00  Describe the nature of interest (such as fee single the entireties, or a life.)	claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$ 200,000.00  f your ownership simple, tenancy by
	Los Angeles County		□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:	Check if this is con (see instructions) m, such as local	mmunity property
2. Add t you h	he dollar value of the por nave attached for Part 1. V	Vrite that number h	I of your entries from Part 1, including any entries	s for pages →	\$600,000.00
Do vou	own, lease, or have legal that someone else drives.	or equitable interes If you lease a vehicle	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	
3. Cars		port utility vehicles	, motorcycles		
•	Make:	Nissan	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put

3.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Sentra Creditors Who Have Claims Secured by Property. Model: Debtor 2 only 2004 Current value of the 
Current value of the Year: Debtor 1 and Debtor 2 only entire property? portion you own? 210000 Approximate mileage: At least one of the debtors and another Other information: 2,500.00 2,500.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.2. Make: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Current value of the Year: Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured	d claims on <i>Schedule D:</i>
	Model:	Debtor 1 only	Creditors Who Have Clain	
	Year:	Debtor 2 only	Current value of the	Current value of the
		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Approximate mileage:	At least one of the debtors and another		
	Other information:	Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	ns Secured by Property.
		Debtor 2 only		
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	portion you own?
	Approximate mileage:	At least one of the debtors and another	citine property.	portion you own.
	Other information:	Check if this is community property (see instructions)	\$	\$
Exar				
<b>1</b>		Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Ves  Make:	☐ Debtor 1 only☐ Debtor 2 only	the amount of any secure Creditors Who Have Clair	d claims on Śchedule D: ns Secured by Property.
	/es  Make:	Debtor 1 only	the amount of any secure	d claims on Śchedule D; ns Secured by Property.
	Make:          Model:          Year:	☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of th
4.1.	Make:  Model:  Year:  Other information:  u own or have more than one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
4.1.	Make:  Model:  Year: Other information:  u own or have more than one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one.	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clatte amount of any secure	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
4.1.	Make:  Model:  Year:  Other information:  u own or have more than one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one. □ Debtor 1 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clair the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
4.1.	Make:  Model:  Year: Other information:  u own or have more than one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
4.1.	Make:  Model:  Year:  Other information:  u own or have more than one, list here:  Make:  Model:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one. □ Debtor 1 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clair the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
4.1.	Make: Model: Year: Other information: u own or have more than one, list here: Make: Model: Year:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$

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Part 3:	Describe	Your	Personal	and	Household	Items

o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
☐ No ☐ Yes. Describe HOUSEHOLD GOODS AND MISC FURNITURE	\$1,250.00
. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
No	
Yes. Describe ELECTRICAL APPLIANCES AND OTHER	\$600.00
. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No	
Yes. Describe	\$
. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
☑ No	
Yes. Describe	\$
0. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
☑ No ☐ Yes. Describe	\$
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
Yes. Describe FAMILY CLOTHING AND SHOES CASUAL	\$600.00
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
☑ No ☐ Yes. Describe	\$
13. Non-farm animals  Examples: Dogs, cats, birds, horses	
☑ No ☐ Yes. Describe	\$
4. Any other personal and household items you did not already list, including any health aids you did not list	
☑ No	
☐ Yes, Give specific	\$
information	

Part 4.	Describe	Your	Financial	Assets
rait 4.	Describe	ı oui	I IIIanciai	Maacca

Do you own or have any le	egal or equitable interest in a	ny of the following?	Current value of th portion you own? Do not deduct secured or exemptions.	
16. <b>Cash</b> Examples: Money you ha	ave in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your p	petition	
☐ No				
☑ Yes			\$30	0.00
17. <b>Deposits of money</b> Examples: Checking, sa and other sin	vings, or other financial accou nilar institutions. If you have m	nts; certificates of deposit; shares in credit unions, brokera ultiple accounts with the same institution, list each.	age houses,	
☐ No				
☑ Yes		Institution name:		
	17.1. Checking account:	Wells Fargo	\$15	0.00
	17.2. Checking account:		\$	
	17.3. Savings account:	Wells Fargo	\$12	0.00
	17.4. Savings account:		\$	
	17.5. Certificates of deposit:		\$	
	17.6. Other financial account:		\$	
	17.7. Other financial account:			
	17.8. Other financial account:			
	17.9. Other financial account:		\$	
			-	
No No	or publicly traded stocks investment accounts with brok Institution or issuer name:	erage firms, money market accounts		
☐ Yes	institution of issuer name.		· \$	
				•
			\$	
			<b>V</b>	
19. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, including an in	nterest in	
☑ No	Name of entity:		vnership:	
Yes. Give specific		0%	% \$	
information about them		0%	% \$	
		0%	% \$	

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| First Name | Middle Name | Last Nam

20.	Negotiable instruments is	nclude personal chec	er negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.	
	☑ No			
	Yes. Give specific	Issuer name:		
	information about			\$
	them			\$
				φ \$
				Ψ
21	. Retirement or pension  Examples: Interests in IF		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	☑ No			
	Yes. List each			
	account separately.	Type of account:	Institution name:	
		401(k) or similar plan:		\$
		, ,		¢
		Pension plan:		Φ
		IRA:		\$
		Retirement account:		\$
		Keogh:		\$
		-		\$
		Additional account:		•
		Additional account:		\$
~~	Security deposits and provided the Your share of all unused Examples: Agreements companies, or others  No Yes	l deposits you have m with landlords, prepai	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications	
	165	Electric:	Situation harne of marriada.	Φ.
				\$
		Gas:		\$
		Heating oil:		\$
		Security deposit on rea	ntal unit:	\$
		Prepaid rent:		\$
		Telephone:		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
		_		Ψ
			the state of the s	
23		r a periodic payment	of money to you, either for life or for a number of years)	
	☑ No			
	<b>Q</b> Yes	Issuer name and des	scription:	
				\$
				\$
				\$

	), and 529(b)(1).		
☑ No			
	Institution name and description. Separately file the records of any interests	.11 U.S.C. § 521(c)	
			\$
			\$
•			\$
			•
Trusts, equitable or future into exercisable for your benefit	erests in property (other than anything listed in line 1), and rights or po	owers	
☑ No			-
☐ Yes. Give specific			_
information about them			\$
Examples: Internet domain nam	rks, trade secrets, and other intellectual property nes, websites, proceeds from royalties and licensing agreements		
☑ No			}
Yes. Give specific information about them			\$
imormation about them	and the second s		
Licenses, franchises, and oth Examples: Building permits, examples: No	ner general intangibles clusive licenses, cooperative association holdings, liquor licenses, profession	onal licenses	3
Yes. Give specific information about them			\$
oney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
.Tax refunds owed to you			
☑ No			
☐ Yes. Give specific informati		ederal:	<b>5</b>
about them, including you already filed the re	whether sturns S	State:	B
and the tax years	Statilo		
and the tax years		ocal:	5
and the tax years		ocal:	<u> </u>
Family support  Examples: Past due or lump su  ✓ No	ım alimony, spousal support, child support, maintenance, divorce settlemen		5
Family support  Examples: Past due or lump su	ım alimony, spousal support, child support, maintenance, divorce settlemen		\$nt \$
Family support  Examples: Past due or lump su  ✓ No	ım alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlemei	\$ nt \$ \$
Family support  Examples: Past due or lump su  ✓ No	im alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlemer imony:	\$ \$ \$ \$
Family support  Examples: Past due or lump su	im alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlemei imony: aintenance:	\$ \$ \$
Family support  Examples: Past due or lump su  ✓ No	im alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlemer imony: aintenance: upport:	\$ \$ \$
Family support  Examples: Past due or lump su  No Yes. Give specific informati	im alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlement imony: aintenance: upport: ivorce settlement: roperty settlement:	\$ \$ \$
Family support  Examples: Past due or lump su  No  Yes. Give specific informati  Other amounts someone ow  Examples: Unpaid wages, disa  Social Security ben	im alimony, spousal support, child support, maintenance, divorce settlemen	t, property settlement imony: aintenance: upport: ivorce settlement: roperty settlement:	\$ \$
Family support  Examples: Past due or lump su  No  Yes. Give specific informati  Other amounts someone own  Examples: Unpaid wages, disa	am alimony, spousal support, child support, maintenance, divorce settlement ion	t, property settlement imony: aintenance: upport: ivorce settlement: roperty settlement:	\$ \$ \$

		R
Debtor	1	$\boldsymbol{\omega}$

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31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value... Daniela Sohall Farmers Insurance 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. ..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **☑** No Yes. Describe each claim. ..... 35. Any financial assets you did not already list **☑** No ☐ Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 354,939,00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes, Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ Yes. Describe.....

☐ No

Debtor 1	Benjamin First Name	Se 19-3	14523 <sub>2</sub>	- <mark>mkn</mark> Araujo Last Name	Doc 1	. Ente	ered 07	/17/19 13 Case i	3:06:12 number (if kn	Pag	je 19 (	of 47
40 <b>Machi</b> n	ery, fixtures, eq	uinment	sunnlie	s vou use	e in busin	ess. and to	ools of vo	ur trade				
□ No	ory, matures, eq	aipinoni,	оприн									
	s. Describe		hillion construction of the recovery of the			alemania (2000) de la composição de la c		entrema entre anna entre anna en anna e			***************************************	\$
41. Invento	ory											
☐ No									6A1 - FAY-M			· ·
☐ Yes	s. Describe				***************************************							<b>D</b>
42 Interes	ts in partnershi <sub>l</sub>	os or ioir	ıt ventur	es								
□ No	to in partitorous	,										
☐ Yes	s. Describe	Name of	entity:							% of own	ership:	
									<del></del>		%	\$
							i i i i i i i i i i i i i i i i i i i				%	\$
						-					%	\$
☐ No	ner lists, mailing s. Do your lists i No Yes. Descr	nclude p		y identifia	able infor			n 11 U.S.C. §		)?		\$
☐ No		property	you did ı	not alread	tsil yk				30 Agy (1943)	**************************************		
	s. Give specific ormation									,		\$
												\$
												\$
											<del></del>	\$
											<del></del>	\$
		****										\$
45. Add th for Par	ie dollar value o rt 5. Write that n	f all of yo umber h	our entrie	es from P	art 5, incl	luding any	entries f	or pages you	ı have att	ached	<b>→</b>	\$
Part 6:	<b>Describe Ar</b> If you own or	y Farm have an	· and Co	ommerci in farmlaı	i <b>al Fishi</b> i nd, list it	ng-Relate in Part 1.	ed Prope	rty You Ow	n or Hav	ve an Int	terest I	n. ,
✓ No.	ı own or have aı	ny legal d	r equital	ble intere	st in any	farm- or co	ommercia	ıl fishing-rela	ated prop	erty?		
<b>□</b> Yes	s. Go to line 47.											Current value of the portion you own?  Do not deduct secured claims or exemptions.
47. <b>Farm</b> a												
•	les: Livestock, po	oultry, far	m-raised	fish								
☐ No												

☐ Yes.....

Debtor 1	Benjamin First Name	se 19-14523-	mkn Doc 1	Entered	l 07/17/19 Ca	13:06:12 Page 20 (ase number (if known)	of 47
-	either growing	g or harvested					
	. Give specific						\$
	nd fishing equi		, machinery, fixtures				
☐ No	i						
u res	• • • • • • • • • • • • • • • • • • • •						\$
50. Farm aı	nd fishing sup	plies, chemicals, an	nd feed				
☐ No							
☐ Yes	<b>.</b>						\$
	•						Ψ
51. Any far	m- and comme		d property you did n				
	s. Give specific						\$
			from David Construction				
for Par	e dollar value o t 6. Write that i	of all of your entries	s from Part 6, includi	ng any ent	les for pages		\$
Part 7:	Describe	All Property Yo	u Own or Have a	an Intere	st in That \	You Did Not List Above	
		-		-			
		operty of any kind y , country club members	you did not already li hip	IST?			
☑ No		2					\$
	s. Give specific ormation	We were a set and a set and a set and a set a					\$
			one the second s				\$
e 4 A J J 41-	- 4-11	-6 -11 -6 varu autoica	from Dart 7 Write th	aat numbar	horo	<b>-</b>	\$
54. Add the	e dollar value d	of all of your entries	s from Part 7. Write tr	iat number	Here	<b>→</b>	T
	l						
Part 8:	List the T	otals of Each P	art of this Form				
55. Part 1:	Total real esta	te, line 2				·····	\$600,000.00
56. Part 2:	Total vehicles	, line 5		\$	2,500.00		
57. Part 3:	Total personal	l and household ite	ms, line 15	\$	2,450.00		
58. <b>Part 4:</b>	Total financial	assets, line 36		\$	4,939.00		
59. <b>Part 5:</b>	Total business	s-related property, I	ine 45	\$	0.00		
60. Part 6:	Total farm- and	d fishing-related pr	operty, line 52	\$	0.00		
61. Part 7:	Total other pro	operty not listed, lin	ne 54	+\$	0.00		
62. Total p	ersonal proper	rty. Add lines 56 thro	ugh 61	\$	7,389.00	Copy personal property total 🚽	<b>+</b> \$7,389.00
						•	
63. Total o	f all property o	on Schedule A/B. Ad	ld line 55 + line 62				\$657,389.00
	· •						

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Fill in this i	nformation to iden	tify your case:							
Case numbe (If known)	Bankruptcy Court for	Middle Name Re Middle Name the: District of Nevada	eyes La	ast Name				☐ Check i amende	f this is an ed filing
Oniciai	Form 106C	-							
Sche	dule C: 1	The Prop	erty \	ou Cla	aim as	Exem	ıpt		04/19
Using the pro	perty you listed on	possible. If two marri Schedule A/B: Prope ch to this page as ma nown).	rty (Official F	orm 106A/B) a:	s your source, lis	st the property	y that you claim	n as exempt. If mo	re

space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt

of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1	R
--------	---

Identify the Property You Claim as Exempt

		=		
1.	Which set of exemptions are you claiming?  ☑ You are claiming state and federal nonband ☐ You are claiming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any property you list on Schedule A/B th	hat you claim as exem	pt, fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from	Check only one box for each exemption.	

Schedule A/B nev.rev.stat.21.090(1)(b) Brief **☑** \$ 1,250.00 Household goods \$ 1,250.00 description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: nev.rev.stat.21.090 (1) (b) Brief **☑** \$ 600.00 electrical appliances \$ 600.00 description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief vev.rev.stat.21.090 (1) (b) **☑** \$ <u>60</u>0.00 Family Clothing \$600.00 description:

Line from Schedule A/B:	☐ 100% of fair market value, up to any applicable statutory limit
3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3	of more than \$170,350?  years after that for cases filed on or after the date of adjustment.)
☑ No	by the exemption within 1,215 days before you filed this case?
✓ Yes. Did you acquire the property covered ✓ No ✓ Yes	by the exemption within 1,213 days before you med this case.

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Debtor 1

Benjamin First Name

Araujo

Case number (if known)\_

**Additional Page** 

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief	\$	<b>□</b> \$	
description:		100% of fair market value, up to	
Schedule A/B:		any applicable statutory limit	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief	\$	<b>□</b> \$	
description:	4	☐ 100% of fair market value, up to	
Schedule A/B:		any applicable statutory limit	
Brief description:	\$	<b></b> \$	
Line from		☐ 100% of fair market value, up to any applicable statutory limit	
Schedule A/B:		•	
Brief description:	\$	<b>0</b> \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Drief			
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief	\$	_ 🗆 \$	
description:  Line from		100% of fair market value, up to	
Schedule A/B:		any applicable statutory limit	A CALLED TO THE
Brief description:	\$	\$	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: ———			
Brief description:	. \$	<b>-</b> \$	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B:		any apphoanie statutory min	
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Brief	. \$	_ 🗆 \$	
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Schedule A/B:		any applicable statutory limit	

	Case 19-14523-	mkn Doc 1 Entered 07/17/19 13:0	)6:12 Page	e 23 of 47	
Fill in this in	nformation to identify your case	:			
	Benjamin	Araujo			
Debtor 1	First Name Middle Na	me Last Name			
Debtor 2 (Spouse, if filing	Naya First Name Middle Na	Reyes Last Name			
United States	Bankruptcy Court for the: District of	Nevada			
Case number				□ Cher	ck if this is an
(If known)					nded filing
Off: -: -!	Farm 106D				
	Form 106D	- Wiles Have Claims Secure	ad hay Dro	nortu	40/45
		who Have Claims Secure f two married people are filing together, both are eq			12/15
1. <b>Do any c</b>	pages, write your name and cas reditors have claims secured by theck this box and submit this forn Fill in all of the information below.		ng else to report o	n this form.	
Part 1: L	ist All Secured Claims				
for each	claim. If more than one creditor ha	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collate that supports th claim	
2.1 Weste		Describe the property that secures the claim:	\$ 200,000.0	200,000.0	200,000.0
Creditor's N	Name Palma Dr. 237 Street	fee simple			
Number	direct	As of the date you file, the claim is: Check all that apply			
	ra CA 93003	Contingent			
ventur City	State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes	the debt? Check one.	Nature of lien. Check all that apply.			
Debtor	-	An agreement you made (such as mortgage or secured car loan)			
Debtor Debtor	2 only 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
i	t one of the debtors and another	Judgment lien from a lawsuit			
☐ Check	if this claim relates to a	Other (including a right to offset)			
comm	unity debt	a company of the contract			
0.0	was incurred	Last 4 digits of account number	200,000,0	00 \$ 200,000.	00 \$ 200.000.0
2.2 Mortg	age Law firm PLC	Describe the property that secures the claim:	\$ <u>200,000.0</u>	<u> </u>	φ
	STIERRA ALTA WAY B	fee simple			
		As of the date you file, the claim is: Check all that apply			
TENA	CULA CA 92590	Contingent			
City	CULA CA 92590 State ZIP Code	Unliquidated Disputed			
·	s the debt? Check one.	Nature of lien. Check all that apply.			
Debtor		An agreement you made (such as mortgage or secured			
☐ Debtor	•	car loan)			

page 1 of \_\_\_

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number \_

Add the dollar value of your entries in Column A on this page. Write that number here:

☐ Debtor 1 and Debtor 2 only

community debt

Date debt was incurred

At least one of the debtors and another

☐ Check if this claim relates to a

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Case number (if known)

Deblor 1 Benjamin Araujo

Last Name

Column C Column A Column B **Additional Page** Unsecured Amount of claim Value of collateral After listing any entries on this page, number them beginning with 2.3, followed Part 1: that supports this portion Do not deduct the by 2.4, and so forth. value of collateral. claim If any 200,000.00 \$ 200,000.0 200,000.00 DEL TORO LOAN SERVICING Describe the property that secures the claim: Creditor's Name 10951 SORRENTO VALLEY FEE SIMPLE Number Street As of the date you file, the claim is: Check all that apply. CA 92101 Contingent SAN DIEGO Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured Debtor 1 only car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number \$ Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) car loan) Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Last 4 digits of account number \_\_\_ Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

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Debtor 1

Part 2:

Benjamin

Araujo

List Others to Be Notified for a Debt That You Already Listed

Case number (if known)

Jepioi i			The state of the s	
	Circt Name	Middle Name	Last Name	
	First Name	Mindle Maille	Lust Hamo	

age	ency is tryi ı have mor	ng to collect from yo e than one creditor f	u for a daht vou owe to s	someone else, list the /ou listed in Part 1, li	debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if st the additional creditors here. If you do not have additional persons to
	none				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
				70.0-1-	· -
	City		State	ZIP Code	On which line in Part 1 did you enter the creditor?
	Maria				Last 4 digits of account number
	Name				Edot 4 digito of decoding management and an arrangement and arrangement and arrangement and arrangement arrangement are arrangement and arrangement are arrang
	Number	Street			-
					-
	City		State	ZIP Code	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Humo				_
	Number	Street			
					-
	City		State	ZIP Code	<del>-</del>
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
L	Name				Last 4 digits of account number
	Number	Street			_
					_
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
	City		State	ZIP Code	_

	Case 19-14523-mkn	Doc 1 Entered 07/17/19 13:06:12	Page 26	JI <del>4</del> 1	
Fill	in this information to identify your case:		_		
	D. James Anguin				
Deb	otor 1 Benjamin Araujo First Name Middle Name	Last Name			
<b>l</b> .	Novo Poves	Fast Maille			
	otor 2 Naya Neges  Douse, if filing) First Name Middle Name	Last Name			
1 ` `	, 3,				
Uni	ted States Bankruptcy Court for the: District of Nevada	1		Пон	
C26	se number				k if this is an
	known)			amen	ded filing
L					
Of	ficial Form 106E/F	•			
Sc	:hedule E/F: Creditors W	/ho Have Unsecured Claim	15		12/15
	as assumbte and assurate as necesible. Her Part	1 for creditors with PRIORITY claims and Part 2 for	creditors with I	NONPRIORIT	Y claims.
Be a	is complete and accurate as possible. Use Part	nexpired leases that could result in a claim. Also lis	t executory co	ntracts on So	hedule
A/R:	Property (Official Form 106A/B) and on Sched	ule G: Executory Contracts and Unexpired Leases (C	Official Form 10	16G). Do not i	nclude any
cred	litors with partially secured claims that are liste	ed in Schedule D: Creditors Who Have Claims Secure	ed by Property.	If more space	e is
need	ded, copy the Part you need, fill it out, number t	the entries in the boxes on the left. Attach the Contin	nuation Page to	this page. O	n the top of
any	additional pages, write your name and case nu	mber (if known).			
Dav	t-1: List All of Your PRIORITY Unsecure	od Claims			
Par	t 1: List All of Your PRIORITY Unsecure	ed Claims			
1. [	Do any creditors have priority unsecured claim	s against you?			
.	No. Go to Part 2.				
	Yes.				
		reditor has more than one priority unsecured claim, list th	ne creditor senai	rately for each	claim. For
2.	each claim listed, identify what type of claim it is. If	a claim has both priority and nonpriority amounts, list the	at claim here an	d show both p	riority and
1	congrigative amounts. As much as possible, list the	claims in alphabetical order according to the creditor's na	ame. If you have	e more than tw	o priority
į	unsecured claims, fill out the Continuation Page of	Part 1. If more than one creditor holds a particular claim	i, list the other ci	reditors in Par	t 3.
(	(For an explanation of each type of claim, see the i	instructions for this form in the instruction booklet.)			
	•		Total claim	Priority	Nonpriority
				amount	amount
2.1			¢	¢	\$
	Priority Creditor's Name	Last 4 digits of account number	Φ	Ψ	_ Ψ
	Filolity Creditor's Name				
		When was the debt incurred?			
1	Number Street	When was the debt incurred?			
	Number Street		ı		
	Number Street	As of the date you file, the claim is: Check all that apply	<i>I</i> .		
	Number Street  City State ZIP Code	As of the date you file, the claim is: Check all that apply  Contingent	<i>i</i> .		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	<i>i.</i>		
	City State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply  Contingent	ı.		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	t.		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:	<i>I</i> .		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations	<i>i</i> .		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government	<i>.</i>		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	,		
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated			
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2.2	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	- \$		

r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprio amount
	Last 4 digits of account number	\$	_ \$	\$
Priority Creditor's Name	·			
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
1411 - Land Hard Ark 10 Charles and	☐ Disputed			
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only	••			
Debtor 1 and Debtor 2 only	<ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you owe the government</li> </ul>			
☐ At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			,
Is the claim subject to offset?				
☐ No ☐ Yes				
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
700	☐ Contingent☐ Unliquidated			
City State ZIP Code	Disputed			
Who incurred the debt? Check one.				
☐ Debtor 1 only	Type of PRIORITY unsecured claim:			
☐ Debtor 2 only	☐ Domestic support obligations			
☐ Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
Is the claim subject to offset?				
□ No				
Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who incurred the debt? Check one.	Lisputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify	1800-1-100		
Is the claim subject to offset?				
□ No □ Yes				

Part 2:

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List All of	Your	NONPRIORITY	Unsecured	Claims

3.	Do any creditors have nonpriority unsecured claims against you  ✓ No. You have nothing to report in this part. Submit this form to the  ✓ Yes		
4.	List all of your nonpriority unsecured claims in the alphabetical of nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, li claims fill out the Continuation Page of Part 2.	For each claim listed, identity what type of claim it is. Do not i	list claims aiready
	_		Total claim
1		Last 4 digits of account number	:
	Nonpriority Creditor's Name	When was the debt incurred?	Ψ
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Oily State 2.1 Cotto	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	Yes		
.2		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Nonphority Creditor a Name		
	Number Street	a call the second of the secon	
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	T. CHONDRIODITY a sure d alaims	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	☐ No☐ Yes	•	
	Tes		
1.3		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	Ψ
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code		
	Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only	□ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce</li> </ul>	
	·	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	;
	□ No	Other. Specify	
	Yes		

Part 2:

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U)	,	

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, num	ber ther	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
Bank Card Services care now			Last 4 digits of account number	\$_3,597.00
Nonpriority Creditor's Name P.O. BOX 8049			When was the debt incurred?	
Number Street		30374	As of the date you file, the claim is: Check all that apply.	
Odiambao	GA	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and another	tu deht		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a communities the claim subject to offset?	ty debt		□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify	
□ No □ Yes				
Bank Card Services			Last 4 digits of account number	\$ 8,656.0
Nonpriority Creditor's Name			When was the debt incurred?	
P.O. BOX 84049 Number Street			As of the date you file, the claim is: Check all that apply.	
COLUMBUS	GA State	31908 ZIP Code	Contingent	
Oity	Olulo		Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and another			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a commun	ity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ☐ No ☐ Yes			Other, Specify	
			Last 4 digits of account number X X X X	<sub>\$</sub> 7,400.0
Best Buy BANK CARD  Nonpriority Creditor's Name			When was the debt incurred?	
P.O. BOX 84049				
Number Street COLUMBUS	GA	31908	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	── ☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only			·	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	nitu daht		you did not report as priority claims	
☐ Check if this claim is for a commur Is the claim subject to offset?	nty debt		<ul><li>□ Debts to pension or profit-sharing plans, and other similar debts</li><li>□ Other. Specify</li></ul>	
□ No			- Other opposit	
Yes				

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Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

ample, if	f a collection age	ency is trying to c	ollect from yourly if you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claim
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured C
				Last 4 digits of account number
City		State	ZIP Code	<u> </u>
City		Gidio	<u>-</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Clain
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
		State	ZIP Code	Last 4 digits of account number
City		State	ZIF Code	Out which cutturin Port 1 or Port 2 did you list the original creditor?
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
		2)	710.0-1-	Last 4 digits of account number
City		State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Clai
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair  Part 2: Creditors with Nonpriority Unsecured
				Claims
		State	ZIP Code	Last 4 digits of account number
City				

ZIP Code

State

City

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Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim** 

Total claims from Part 1	6a. Domestic support obligati	ons 6a.	\$	0.00
	6b. Taxes and certain other de government	ebts you owe the 6b.	\$	0.00
	6c. Claims for death or person intoxicated	nal injury while you were 6c.	\$	0.00
	6d. <b>Other.</b> Add all other priority Write that amount here.	unsecured claims. 6d.	+ \$	0.00
	6e. <b>Total.</b> Add lines 6a through	6d. 6e.	\$	0.00
			Total claim	
Tatal alaima			Total olalli	
Total claims	6f. Student loans	6f.	\$	0.00
Total claims from Part 2	6f. Student loans  6g. Obligations arising out of or divorce that you did no claims	a separation agreement		0.00
	6g. Obligations arising out of or divorce that you did no	a separation agreement t report as priority 6g.		
	6g. Obligations arising out of or divorce that you did no claims 6h. Debts to pension or profit	a separation agreement t report as priority 6g. -sharing plans, and other 6h.	\$	0.00

		Case 19-	-14523	-mkn Do	oc 1 Ente	ered 07	7/17/19 13	3:06:12	Page 3	2 of 47	
Fill i	n this inforr	nation to identi	fy your ca	se:							
Debte		njamin		Araujo							
Debt	N	Name aya		Reyes	Last Name  Last Name						
		kruptcy Court for the									
	e number				<del></del>						heck if this is a mended filing
⊃ŧŧ:	icial Fo	rm 106C					-			۵.	.,,
		rm 106G <b>e G: Ex</b> e	ecuto	ry Con	tracts a	and l	Jnexpii	red Le	ases		12/15
inforradditi	mation. If meional pages  Do you have  M No. Chec  Yes. Fill in  List separate example, refunexpired lea	and accurate as ore space is need, write your name any executory ok this box and fill in all of the informely each person nt, vehicle lease ases.	eded, cop ne and ca contracts le this forn mation belo n or comp a, cell pho	y the addition se number (if less or unexpired an with the court ow even if the count ow even if the count owe). See the in	al page, fill it of known).  I leases?  with your other contracts or lea  n you have the astructions for the	r schedule ses are lis	es. You have noted on Schedu tor lease. The	othing else t ule A/B: Prop en state wha n booklet for	o report on the party (Official at each cont	nis form. Form 106A/E ract or lease	B).
2.1	Name										
		- Ol				<del></del>					
	Number	Street									
	City		State	ZIP Code							
2.2	Name										
	Number	Street									
2.3	City		State	ZIP Code							
	Name			,							
	Number	Street									
	City		State	ZIP Code							
2.4											
	Name										
	Number	Street									
	City		State	ZIP Code							
2.5											
1	Name										

ZIP Code

State

Number

City

Street

Benjamin

Araujo

**Additional Page if You Have More Contracts or Leases** 

Case number (if known)\_

First Name Middle Name Last Name

# Person or company with whom you have the contract or lease

What the contract or lease is for

2. <u>2</u>					
	Name				
	Number	Street			
<u>.</u>	City		State	ZIP Code	 
2					 
	Name				
	Number	Street			
i	City		State	ZIP Code	
2					 
	Name				
	Number	Street			
	City		State	ZIP Code	
2	Name				 
		Shoot a			 
	Number	Street			 
	City		State	ZIP Code	
2	Name				 <b>,,,,,,</b>
	Number	Street			
			State	ZIP Code	
	City		State	ZIP Code	
2	Name				 
	Number	Street			
	City		State	ZIP Code	
2	<b>,</b>				
	Name				
	Number	Street			 ·····
	City		State	ZIP Code	 
2					
	Name				
	Number	Street			 
1	City	-	State	ZIP Code	

Fill in	this information to identify	y your case:		
Debto	<sub>r 1</sub> Benjamin	Araujo		
	First Name	Middle Name Last Name		
Debtor (Spous	r 2 Naya e, if filing) First Name	Reyes  Middle Name Last Name		
United	States Bankruptcy Court for the	: District of Nevada		
Case	number			
(If know	wn)			☐ Check if this is al amended filing
				amended illing
Offic	cial Form 106H			
Sch	redule H: You	r Codebtors		12/15
are filling and nu case not seen and nu case nu cas	ng together, both are equal imber the entries in the bosumber (if known). Answer by you have any codebtors?  No Yes  Yes  I No. Go to line 3.  Yes. Did your spouse, form	Ily responsible for supplying correct in xes on the left. Attach the Additional Prevery question.  (If you are filing a joint case, do not list expoured in a community property statisiana, Nevada, New Mexico, Puerto Ricciner spouse, or legal equivalent live with your state or territory did you live?	formation. If more spaage to this page. On the ither spouse as a codebute or territory? (Common, Texas, Washington, and at the time?	unity property states and territories include
	Number Street			
	City	State	ZIP Code	
sl S S	hown in line 2 again as a c chedule D (Official Form 10 chedule E/F, or Schedule C	odebtor only if that person is a guaran 06D), <i>Schedule E/F</i> (Official Form 106E	tor or cosigner. Make s /F), or Schedule G (Off	pouse is filing with you. List the person ure you have listed the creditor on icial Form 106G). Use Schedule D,
	Column 1: Your codebtor			
				heck all schedules that apply:
3.1	Nema			Schedule D, line
	Name		C	Schedule E/F, line
	Number Street			Schedule G, line
:	City	State	ZIP Code	
3.2			Г	Cahadula D. lina
	Name		_	Schedule D, line
	Number Street			Schedule E/F, line
	iquinber Sitest			Scriedule S, into
	City	State	ZIP Code	
3.3		***************************************		Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line
1	City	State	ZIP Code	
÷	-uy	- Ciui		

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Debtor 1

Benjamin

Middle Name

Araujo

Case number (if known)

#### **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: Schedule D, line Name ☐ Schedule E/F, line \_\_\_ Schedule G, line \_\_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street State ZIP Code City Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_\_ Street Number ZIP Code State City 3.\_\_ Schedule D, line \_ Name Schedule E/F, line ☐ Schedule G, line \_\_\_\_ Number Street

City

State

ZIP Code

	ormation to identify y					
	Benjamin	Arauj	O Last Name			
	First Name Naya	Middle Name Reyes				
pouse, if filing) F		Middle Name	Last Name			
nited States Ba	ankruptcy Court for the: D	istrict of Nevada				
ase number _					Check if thi	s is:
f known)					☐ An ame	
					A supple income	ement showing postpetition chapter as of the following date:
fficial For	rm 106l				MM / DD	/ YYYY
ched	ule I: You	r Income				12/15
ou are sepa parate sheet		se is not filing with you, top of any additional pa				ou, include information about your spo se. If more space is needed, attach a lown). Answer every question.
Fill in your information	employment n.		Debtor 1			Debtor 2 or non-filing spouse
attach a se	more than one job, parate page with about additional	Employment status	☑ Employed ☐ Not employed			☐ Employed ☐ Not employed
Include part	t-time, seasonal, or ved work.	0	Clerk			unemployed
	n may include student aker, if it applies.	Occupation		40 mm m	ings II C	
		Employer's name	Sono Vista En	terpri	ises LLC	
		Employer's address	18790 Lindell	Ct		
		Employor o dadicoo	Number Street	<u> </u>		Number Street
			Las Vegas	N	IV 90845	
					ZIP Code	City State ZIP Code
			City	State		City State ZIP Code
		How long employed th	J.,	State		City State 217 Code
		How long employed th	J.,	State	<b>-</b>	City State 21r Code

Official Form 106I Schedule I: Your Income page 1

Benjamin Araujo

Case number (if known)\_

		For	Debtor 1		For Debto			
Copy line 4 here	<b>→</b> 4.	\$	5,661.00		\$	0.00		
5. List all payroll deductions:								
5a. Tax, Medicare, and Social Security deductions	5a.	\$	413.00		\$	0.00		
5b. Mandatory contributions for retirement plans	5b.	\$	0.00		\$	0.00		
5c. Voluntary contributions for retirement plans	5c.	\$	0.00		\$	0.00		
5d. Required repayments of retirement fund loans	5d.	\$	0.00		\$	0.00		
5e. Insurance	5e.	\$	0.00		\$	0.00		
5f. Domestic support obligations	5f.	\$	0.00		\$	0.00		
5g. Union dues	5g.	\$	0.00		\$	0.00		
5h. Other deductions. Specify: dental	5h.	+\$_	59.00		+ \$	0.00		
6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	n. 6.	\$	972.00		\$	0.00		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,689.00		\$	0.00		
8. List all other income regularly received:								
8a. Net income from rental property and from operating a business, profession, or farm								
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		¢	0.00		¢	0.00		
monthly net income.	8a.	Φ			Ψ			
8b. Interest and dividends	8b.	\$	0.00		\$	0.00		
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	dent					0.00		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	0.00		
8d. Unemployment compensation	8d.	\$	0.00		\$	0.00		
8e. Social Security	8e.	\$	0.00		\$	0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ance	\$	0.00		\$	0.00		
	- 8g.	, <b>c</b>	0.00		\$	0.00		
8g. Pension or retirement income		Ψ_			Ψ	0.00		
8h. Other monthly income. Specify:	_ 8h.	+\$_	0.00		+\$			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00		\$	0.00	_	
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_	4,689.00	+	\$	0.00	: \$	4,689.00
11. State all other regular contributions to the expenses that you list in Sch	edule .	J.						
Include contributions from an unmarried partner, members of your household friends or relatives.								
Do not include any amounts already included in lines 2-10 or amounts that a			e to pay expe	nse	s listed in .	3 <i>crieuule 3.</i> 11. <b>†</b>	. ¢	0.00
Specify:							Ψ	
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	he resu n Statisi	It is the lical Ini	e combined m formation, if it	onth app	lly income. lies	12.		4,689.00
13. Do you expect an increase or decrease within the year after you file thi	is form	?					mor	nthly income
Yes. Explain:								

Fill in this information to identify						
Debtor 1 Benjamin First Name	Araujo  Middle Name Last Name	Check if this	s is:			
Debtor 2 Naya (Spouse, if filing) First Name	——— An amer	☐ An amended filing				
United States Bankruptcy Court for the:	Middle Name Last Name  District of Nevada		ement showing poses as of the followin	tpetition chapter 13		
	District of Horada			g date.		
Case number(If known)		MM / DD	/ ҮҮҮҮ			
Official Form 106J						
Schedule J: Yo	ur Expenses			12/15		
Be as complete and accurate as p information. If more space is need (if known). Answer every question	ossible. If two married people are fili led, attach another sheet to this form	ng together, both are equally re . On the top of any additional p	sponsible for suppl ages, write your nar	ying correct ne and case number		
Part 1: Describe Your Hou	usehold					
1. Is this a joint case?						
☐ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	separate household?					
✓ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.				
Do you have dependents?  Do not list Debtor 1 and	☐ No ☐ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?		
Debtor 2.  Do not state the dependents'	each dependent	son	5	☐ No ☑ Yes		
names.			0	□ No		
		daughter	<u>6</u>	☑ Yes		
		son	8	☐ No ☑ Yes		
				<b>⊻</b> Yes □ No		
				Yes		
				□ No		
				☐ Yes		
<ol> <li>Do your expenses include expenses of people other than yourself and your dependents?</li> </ol>	☑ No □ Yes					
Part 2: Estimate Your Ongo	oing Monthly Expenses					
expenses as of a date after the ba applicable date.	or bankruptcy filing date unless you a nkruptcy is filed. If this is a supplem on-cash government assistance if you	ental <i>Schedule J</i> , check the box	nent in a Chapter 13 c at the top of the fo	case to report rm and fill in the		
	ed it on Schedule I: Your Income (Offi		Your exp	oenses		
<ol> <li>The rental or home ownership any rent for the ground or lot.</li> </ol>	expenses for your residence. Include	first mortgage payments and	4. \$	930.00		
If not included in line 4:				0.00		
4a. Real estate taxes			4a. \$	0.00		
4b. Property, homeowner's, or			4b. \$	160.00		
4c. Home maintenance, repair			4c. \$	32.00 0.00		
4d. Homeowner's association	or condominium dues		4d. \$	0.00		

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Debtor 1

Benjamin Araujo
First Name Middle Name Last Name

Case number (if known)\_

				Your expe	nses
	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
Bit   Sample   Samp	о.		6a.	\$	310.00
Sec.   Telephone, cell phone, internet, satellite, and cable services   6d.   Cher.   Specify:   910.00			6b.	\$	90.00
6d. Other Specify   6d. Other Specify   70.00			6c.	\$	280.00
1.   Foot and housekeeping supplies   1.			6d.	\$	70.00
10   Personal care products and services   10   2   220.00     10   Personal care products and services   10   2   220.00     11   Medical and dental expenses   11   2   280.00     12   Transportation, Include gas, maintenance, bus or train fare.   2   360.00     13   Entertainment, clubs, recreation, newspapers, magazines, and books   13   2   200.00     14   Charitable contributions and religious donations   14   2   100.00     15   Insurance.   15   2   0.00     15   Insurance   15   2   0.00     16   Insurance   15   2   0.00     17   Installment or lease payments   15   2   0.00     18   Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.   15   0.00     19   Transportation   15   2   0.00     10   Transportation   15   0.00     10   Transportation   15   0.00     10   Transportation   15   0.00     11   Installment or lease payments:   15   0.00     12   Installment or lease payments   15   0.00     13   Transportation   15   0.00     14   Transportation   15   0.00     15   Transportation   15   0.00     16   Transportation   15   0.00     17   Installment or lease payments   0.00     18   Transportation   0.00   0.00     19   Other payments for Vehicle 2   17   0.00     10   Transportation   15   0.00     11   Transportation   15   0.00     12   Transportation   15   0.00     13   Transportation   15   0.00     14   Transportation   15   0.00     15   Transportation   15   0.00     16   Transportation   15   0.00     17   Installment or lease payments   0.00   0.00     18   Transportation   15   0.00     19   Other payments for Vehicle 2   0.00     10   Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 100),     19   Other payments you make to support others who do not live with you.     19   Other payments you make to support others who do not live with you.     19   Other payments you make to support others who do not live with you.     10   Transportation   15   0.00	7.	Food and housekeeping supplies	7.	\$	910.00
10.   Personal care products and services   10.   2.20.00     11.   Medical and dental expenses   11.   2.20.00     12.   Transportation, Include gas, maintenance, bus or train fare.   12.   3.60.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   2.00.00     14.   Charitable contributions and religious donations   14.   3.   100.00     15.   Insurance.   15.   5.   4.00.00     16.   Insurance   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Charitable contributions and religious donations   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Life insurance   15.   5.   4.00.00     16.   Charitable insurance   5.00.00     16.   Charitable insurance   5.00.00     16.   Charitable insurance   5.00.00     17.   Installment or lease payments:   7.   7.   7.   7.   7.   7.   7.   7			8.	\$	60.00
10.   Personal care products and services   10.   \$ 220.00     11.   Medical and dental expenses   11.   \$ 280.00     12.   Transportation, include gas, maintenance, bus or train fare. Do not include car payments.   12.   \$ 360.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$ 200.00     14.   Charitable contributions and religious donations   14.   \$ 100.00     15.   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15.   Life insurance   15a.   \$ 0.00     15.   Lealth insurance   15b.   \$ 160.00     15.   Vehicle insurance   15b.   \$ 0.00     16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$ 0.00     16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$ 0.00     17.   Installment or lease payments:			9.	\$	280.00
11. Medical and dental expenses         11. \$ 280.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ 360.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 200.00           14. Charitable contributions and religious donations         14. \$ 200.00           15. Insurance.         To not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a. \$ 0.00           15b. Health insurance         15b. \$ 15b. \$ 100.00         15b. \$ 100.00           15c. Vehicle insurance. Specify:			10.	\$	220.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.   12.   200.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   3.   200.00     14.   Charitable contributions and religious donations   14.   \$   100.00     15.   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15a.   Life insurance   15a.   \$   0.00     15b.   Health insurance   15b.   \$   160.00     15c.   Vehicle insurance   15c.   \$   0.00     15c.   Vehicle insurance   15c.   \$   0.00     15d.   Other insurance. Specify:   15d.   \$   0.00     15d.   Other insurance. Specify:   16d.   \$   0.00     15d.   Other insurance   16d.   \$   0.00     15d.   Other insurance   16d.   \$   0.00     15d.   Other insurance   15d.   \$   0.00     15d.   Other insurance   15d.   \$   0.00     15d.   Other insurance   15d.   \$   0.00     15d.   Other insurance   0.00   0.00     15d.   Other insurance   0.			11.	\$	280.00
Do not include car payments.   12.				¢	360.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books   14.   \$   100.00     15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15a. Life insurance   15a.   \$   0.00     15b. Health insurance   15b.   \$   160.00     15c. Vehicle insurance   15c.   \$   0.00     15d. Other insurance, Specify:   15d.   \$   0.00     15d. Other insurance, Specify:   0   16.   \$   0.00     15d. Other insurance, one tinclude taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d. Other insurance, one payments:   17a.   \$   0.00     17d. Car payments for Vehicle 1   17a.   \$   0.00     17d. Other. Specify:   0   17d.   \$   0.00     17d. Other. Specify:   0   17d.   \$   0.00     18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).   18.   \$   0.00     19. Other payments you make to support others who do not live with you.   Specify:   0   19.   \$   0.00     19. Other payments you make to support others who do not live with you.   Specify:   0   19.   \$   0.00     20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a.   \$   0.00     20a. Mortgages on other property   20a.   \$   0.00     20b. Real estate taxes   20b.   \$   0.00     20c. Property, homeowner's, or renter's insurance   20c.   \$   0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$   0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$   0.00		·	12.	Ψ	
15. Insurance.   20.	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a.   \$ 0.00     15b. Health insurance   15b.   \$ 160.00     15c. Vehicle insurance   15c.   \$ 0.00     15d. Other insurance. Specify:	14.	Charitable contributions and religious donations	14.	\$	100.00
15a. Life insurance	15.				
156. Health insurance   156.   0.00     156. Vehicle insurance. Specify:   156.   0.00     156. Other insurance. Specify:   156.   0.00     156. Other insurance. Specify:   156.   0.00     157. Installment or lease payments:   17a.   0.00     17b. Car payments for Vehicle 1   17a.   0.00     17b. Car payments for Vehicle 2   17b.   0.00     17c. Other. Specify:   0   17c.   0.00     17d. Other. Specify:   0   17d.   0.00     17d. Other. Specify:   0   17d.   0.00     18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line   5, Schedule   1, Your Income (Official Form 106i).   18.   0.00     19. Other payments you make to support others who do not live with you.   19.   0.00     19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule   1. Your Income.     20a. Mortgages on other property   20a.   0.00     20b. Real estate taxes   20b.   0.00     20c. Property, homeowner's, or renter's insurance   20c.   0.000     20d. Maintenance, repair, and upkeep expenses   20d.   0.000     20d. Maintenance, repair, and upkeep expenses   20d.   0.000     20d. Maintenance, repair, and upkeep expenses   20d.   0.000     15d.   0.000		15a. Life insurance	15a.	\$	
156. Verifice insurance. Specify:   156.     0.00		15b. Health insurance	15b.	\$	
15d. Other insurance. Specify:		15c. Vehicle insurance	15c.	\$	
17.   Installment or lease payments:   17a.   Car payments for Vehicle 1   17a.   \$   0.00     17b.   Car payments for Vehicle 2   17b.   \$   0.00     17c.   Other.   Specify: 0   17c.   \$   0.00     17d.   Other.   Specify: 0   17d.   \$   0.00     18.   Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).   18.   \$   0.00     19.   Other payments you make to support others who do not live with you.   Specify: 0   19.   \$   0.00     20.   Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   20a.   \$   0.00     20b.   Real estate taxes   20b.   \$   0.00     20c.   Property, homeowner's, or renter's insurance   20c.   \$   0.00     20d.   Maintenance, repair, and upkeep expenses   20d.   \$   0.00     20d.   Maintenance, repair, and upkeep expenses   20d.   \$   0.00     20d.   Maintenance, repair, and upkeep expenses   20d.   \$   0.00     2		15d. Other insurance. Specify:	15d.	\$	0.00
17a. Car payments for Vehicle 1       17a. \$ 0.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify: 0       17c. \$ 0.00         17d. Other. Specify: 0       17d. \$ 0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       19. \$ 0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$ 0.00         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00	16.	_	16.	\$	0.00
17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: 0  17c. Other. Specify: 0  17d. Other. Specify: 0  17d. Other. Specify: 0  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: 0  19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	17.	Installment or lease payments:			
176. Car payments for Vehicle 2  17c. Other. Specify: 0  17d. Other. Specify: 0  17d. Other. Specify: 0  17d. Other. Specify: 0  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. Other payments you make to support others who do not live with you.  Specify: 0  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		17a. Car payments for Vehicle 1	17a.	\$	
17c. Other. Specify: 0 17d. Other. Specify: 0 17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: 0 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses		17b. Car payments for Vehicle 2	17b.	\$	
17d. Other. Specify: 0 17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: 0 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		17c. Other. Specify: 0	17c.	\$	
your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$			17d.	\$	0.00
Specify: 0 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$ 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
20a. Mortgages on other property 20a. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses  20d. September 1: Your Income.  20a. \$ 0.00  0.00  20a. \$ 0.00  0.00  20b. \$ 0.00  20c. \$ 0.00	19.		19.	\$	0.00
20a. Mortgages on other property       20a. \$	20		ne.		
20b. Real estate taxes       20b. \$				\$	0.00
20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00			20b.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$			20c.	\$	0.00
Φ 0.00			20d.	\$	0.00
			20e.	\$	0.00

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Debtor 1	Benjamin		Araujo		Case number (if known)		
Deptor	First Name	Middle Name	Last Name				
21. <b>Otl</b>	ner. Specify:				21.	+\$	0.00
22. <b>Ca</b>	culate your montl	nly expenses.				MATERIAL VALLEY	
228	a. Add lines 4 throu	gh 21.			22a.	\$	4,442.00
221	o. Copy line 22 (mo	nthly expenses	for Debtor 2), if any, from Official F	Form 106J-2	22b.	\$	
22	c. Add line 22a and	22b. The result	is your monthly expenses.		22c.	\$	4,442.00
0.1		ly not income					
23. <b>Cal</b>	culate your month  Copy line 12 (vo		nthly income) from Schedule I.		23a.	\$	4,689.00
23b	• •		m line 22c above.		23b.	-\$	4,442.00
23c.	Subtract your mo		from your monthly income.		23c.	\$	-287.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ Yes.	Explain here:
☑ No.	

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Fill in this i	nformation to iden	tify your case:		
Debtor 1	Benjamin	Araujo		
	First Name	Middle Name	Last Name	
Debtor 2	Naya	Reyes		
(Spouse, if filing	) First Name	Middle Name	Last Name	
I Indian Chaire	- Dankenston Court for	the: District of Nevada		
United States	Bankruptcy Court for	the: District of Nevada		
Case number				
(If known)				
L				

#### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an atto	rney to help you fill out bankruptcy forms?
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature of Debtor 1

Signature of Debtor 2

\* Maya Reyes
Signature of Debtor 2

Date 07/17/2019

Date 07/17/2019 MM / DD / YYYY

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Fill in this information to identify your case:					
Debtor 1	Benjamin	Araujo			
	First Name	Middle Name	Last Name		
Debtor 2	Naya	Reyes			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of Nevada  Case number (If known)					

**Calculate Your Average Monthly Income** 

Check as directed in lines 17 and 21:			
According to the calculations required by this Statement:			
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).			
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).			
3. The commitment period is 3 years. 4. The commitment period is 5 years.			

Check if this is an amended filing

# Official Form 122C-1

Part 1:

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

1. What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.				
Married. Fill out both Columns A and B, lines 2-11.				
Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of the result. Do not include any income amount more than from that property in one column only. If you have nothing	you are filing on September 15, th luring the 6 months, add the incom once. For example, if both spouses	e 6-month period wo e for all 6 months an s own the same renta	uld be March 1 through d divide the total by 6. Fill in	
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, an payroll deductions).	d commissions (before all	\$_5,732.61	\$0.00	
3. Alimony and maintenance payments. Do not include payments.	ayments from a spouse.	\$0.00	\$ 0.00	
4. All amounts from any source which are regularly paid you or your dependents, including child support. Including unmarried partner, members of your household, your roommates. Do not include payments from a spouse. Do listed on line 3.	ude regular contributions from dependents, parents, and	\$0.00	\$0.00	
Net income from operating a business, profession, or farm  Operations (hofers all deductions)	Debtor 1 Debtor 2			
Gross receipts (before all deductions)				
Ordinary and necessary operating expenses	- \$ <u>0.00</u> - \$ <u>0.00</u>			
Net monthly income from a business, profession, or farm	\$_0.00	\$0.00	\$0.00	
6. Net income from rental and other real property	Debtor 1 Debtor 2			

\$ 0.00

\$ 0.00

0.00

0.00

\$ 0.00

\$ 0.00

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

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Benjamin Araujo Case number (if known) Debtor 1 Column B Column A Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 0.00 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ...... 0.00 For you..... 0.00 For your spouse ..... 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0 0.00 0.00 0 0.00 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each 0.00 5,732.6 5,732.61 column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 5,732.61 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Total..... \$ 5,732.61 14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5,732.61 15a. Copy line 14 here 🗲 12 Multiply line 15a by 12 (the number of months in a year). \$ 68,791.32

15b. The result is your current monthly income for the year for this part of the form.

Entered 07/17/19 13:06:12 Case 19-14523-mkn Doc 1 Page 44 of 47 Araujo Benjamin Debtor 1 16. Calculate the median family income that applies to you. Follow these steps: NV 16a. Fill in the state in which you live. 5 16b. Fill in the number of people in your household. 81,318.00 16c. Fill in the median family income for your state and size of household, ..... To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: \$ 5,732.61 18. Copy your total average monthly income from line 11. 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 0.00 \$ 5,732.61 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: \$ 5,73<u>2.61</u> 12 Multiply by 12 (the number of months in a year). \$ 68,791.32 20b. The result is your current monthly income for the year for this part of the form. 20c. Copy the median family income for your state and size of household from line 16c. 81,318.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing/here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. Benjam Arcijo Signature of Pebtor 1 Maya Kuyes Signature of Debtor 2

Date 07/17/2019

Date 07/17/2019

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

NVB 1007-1 (Rev. 12/15)	Case 19-14523-mkn Doc 1 Entered 07/3 BENJAMIN ARAUJO NAYA REYES 3757 LONGFELLOW STREET LAS VEGAS, CA 89115 Name, Address, Telephone No., Bar Number, Fax No. & E			
2				
3				
4	UNITED STATES BA	NKRUPTCY COURT		
5	DISTRICT OF NEVADA			
6				
7	In re: (Name of Debtor)	BK-		
8	BENJAMIN ARAUJO NAYA REYES	Chapter: 13		
9	MATARETES	VERIFICATION OF CREDITOR MATRIX		
10	Debtor(s)	VERIFICATION OF CREDITOR WITHOUT		
11				
12	The above named Debtor hereby verifies that the attached list of creditors is true and correct to			
13	to the best of his/her knowledge.			
14				
15		Signature Bujen Alanfo		
16	Date <u>7/17/2019</u>	Signature Dujen Clianfo		
17				
18		11 20		
19	Date <u>7/17/2019</u>	Signature <u>News Keyes</u>		
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